

Commonwealth of Massachusetts  
Executive Office of Public Safety and Security  
Office of Grants and Research  
Highway Safety Division  
10 Park Plaza, Suite 3720  
Boston, MA 02116  
Tel: (617) 725-3301

Application Form

**FFY 2018 Pedestrian and Bicycle Safety Enforcement and Equipment Grant Program**

Deadline for Applications: August 18, 2017 at 4 PM

Applications received after the deadline will not be accepted.

**ASSURANCES**

The \_\_\_\_\_ Police Department/municipality acknowledges and if funded agrees to comply with all grant contract requirements and performance measures. This municipality or department understands and agrees that a grant received as a result of this application is subject to the regulations governing highway safety projects and grant management requirements and will comply with all State, Federal, and Office of Grants and Research Guidelines. Funding is based on availability of federal funds. I certify that the federal funds that may be received for this grant program do not supplant any other funds available to this department or municipality. I hereby acknowledge my understanding of the above grant requirements and will comply with the best of my ability:

\_\_\_\_\_  
Authorized Representative Name and Title (please print)

*Please note that the signatory must be authorized to enter into a contract with the Commonwealth, per the Authorized Signatory Listing form.*

\_\_\_\_\_  
Authorized Signature in **Blue Ink**

\_\_\_\_\_  
Date

\*Please note that a town or city administrator must complete the Authorized Signatory form with signature at the bottom of page 1, designating the Police Chief and any other individual(s) as Authorized Signatories. Notarized page 2 is required for all individuals listed in the box on page 1.



**All sections must be completed to be eligible.**

Organization Name	
Organization Street Address	
Organization Mailing Address (if different)	
City/Town	
Zip Code	

Social Media (Y/N – If yes, provide account name)	
Twitter	
Facebook	
Other	

Grant Contact Name*	
Title	
Email Address	
Telephone	
Fax	

\*Contact person responsible for submitting application, managing program, and submitting monthly reports.

If multiple individuals will be responsible for these tasks, please include an additional page of contact information at the end of this document and indicate specific assignments/roles for each.

Chief Name	
Email Address	
Telephone	
Fax	

**Problem Identification**

1. Provide data and source(s) of your city or town's pedestrian and bicycle problems by filling in the following tables.

**Crashes**

<b>Year/Category</b>	<b>Pedestrian</b>	<b>Bicycle</b>
2012		
2013		
2014		
2015		
2016		

Source of data:

**Injuries**

<b>Year/Category</b>	<b>Pedestrian</b>	<b>Bicycle</b>
2012		
2013		
2014		
2015		
2016		

Source of data:

**Fatalities**

<b>Year/Category</b>	<b>Pedestrian</b>	<b>Bicycle</b>
2012		
2013		
2014		
2015		
2016		

Source of data:

2. In addition to the data, please describe the most pressing of the bicycle and pedestrian safety concerns on your community's roads:

## **Proposed Programming**

### **Public Information Plan**

1. Describe how you will ensure that the community is notified of grant activities during and after the grant period, including targeted outreach for low-income and diverse populations (newspaper, radio, mail, department website, etc.)

### **Program Activities**

1. Please check off each program activity that your department plans to implement for the FFY 2018 Pedestrian and Bicycle Safety Enforcement and Equipment Grant.

- X Targeted enforcement (Required)
- ☐ Crosswalk law enforcement decoys
- ☐ Pedestrian sweeper patrols
- ☐ Adopt-a-Cone programs
- ☐ Retro-reflective signage and community banners
- ☐ Pedestrian breakaway signs
- ☐ Crosswalk retro-reflective tape
- ☐ Print materials, flyers, and materials to mobilize business and community groups
- ☐ Distribution of bicycle safety helmets

2. Describe in detail the planned program activities you have checked above, explaining how the planned activity will help prevent or reduce pedestrian and bicycle crashes, injuries, and fatalities:

**Collaborations**

1. Please describe any collaboration you have planned with other community stakeholders on this project and the specific roles and responsibilities of each (e.g. bike groups, service clubs, traffic safety coalitions, downtown business associations, etc.)

## Timeline

1. Provide your monthly project timeline on a monthly basis for program activities and evaluation.

Month	Activity
October	
November	
December	
January	
February	
March	
April	
May	
June	
July	
August	
September	

## Experience

1. Provide a summary of previous experience with similar activities by your department.
2. What were some of the successes of these previous activities?
3. What were some of the challenges of these previous activities? How did you address these challenges and how do you plan to address future ones?

**Goals**

1. Identify measureable goals and objectives for each program area (for example, complete X amount of crosswalk decoys with X amount of documented stops). You will be asked to note your progress towards your goals in the Final Report.

**Evaluation**

1. Describe your evaluation plan (for example, a pre and post data comparison for your community during the grant period with the same time period in 2016-2017). Please provide baseline data for comparison even if this will be your first year with this grant.

**Sustainability Plan**

1. Describe how you plan to continue to provide bicycle and pedestrian programming in your community after the grant period. List anticipated funding source(s).



### Funding Request

Departments can request a grant ranging from \$1,000 to \$7,500. Applicants will be evaluated based on stated need, community crash data, and utilization of prior year's award (if applicable). HSD may utilize additional evaluation as appropriate.

Requested amount: \$ \_\_\_\_\_

### Proposed Budget

Please provide a breakdown of how funding will be spent by State Fiscal Year. All line items must add up to the exact amount requested.

#### October 1, 2017- June 30, 2018

Enforcement Hours and Program Activity	Cost/Rate	Total
Equipment purchase(s) (no more than 25% of requested amount)		
Total		

#### July 1, 2017- September 30, 2018

Enforcement Hours and Program Activity	Cost/Rate	Total
Equipment purchase(s) (no more than 25% of requested amount)		
Total		

Grand Total \$ \_\_\_\_\_

Please Note:

If your department or municipality does not have a safety belt policy for employees, your total award will be reduced by 50%.

## **Submission Instructions**

A qualified application packet must be based on the grant application form and all required attachments. Incomplete responses or unsigned applications may be disqualified, though HSD does reserve the right to work with departments to obtain missing or incomplete information. Departments will be notified of their award amounts as contracts and applications are approved.

The completed hard-copy of the application, along with all completed requirements, must be submitted by mail or hand-delivered. An electronic version of this application is available at <http://www.mass.gov/eopss/funding-and-training/hwy-safety/grants/ffy2018-hsd-opportunities-for-grant-funding.html>

**The deadline for receipt of application is August 18, 2017 at 4 PM.** Applications received after the deadline will not be accepted.

### **Application Checklist**

Please submit one original and one copy of each of the following documents:

- 2018 Contractor Authorized Signatory Listing\*
  - If the current Authorized Signatory or Signatories will not change then **this form is not needed.** If unsure of which police department personnel is listed, please contact HSD staff person listed below for verification.
- Departmental Seat Belt Policy
  - Please note: If your department does not implement a safety belt policy for personnel, your grant award will be reduced by 50%.
- Risk Assessment Form
  - Please complete sections B, C, and E.
- **One signed original** (signed in blue ink and stamped “original”) **and one copy** (stamped “copy”) of the application must be mailed or hand-delivered to:
  - EOPSS Highway Safety Division
  - 2018 CPS Grant Submission
  - 10 Park Plaza, Suite 3720
  - Boston, MA 02116
  - Attn: Alisa (Ali) Leduc
- In addition to the hard copy please email a copy of your application (in Word Document format) to [alisa.leduc@state.ma.us](mailto:alisa.leduc@state.ma.us)

Verify with HSD receipt of application prior to deadline due to potential mail delivery problems. Please contact Alisa (Ali) Leduc at (617) 725-3367 or [alisa.leduc@state.ma.us](mailto:alisa.leduc@state.ma.us) to verify receipt, or with any questions related to this grant.

Notification of awards will occur Fall/Winter 2017. Grant winners will be notified individually and a list of all grantees will be posted on the EOPSS/HSD website at [www.mass.gov/highwaysafety](http://www.mass.gov/highwaysafety).

**Additional Grant Contact Information**

Name	
Title	
Email Address	
Telephone	
Responsibilities relating to the grant	

Name	
Title	
Email Address	
Telephone	
Responsibilities relating to the grant	

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